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Innovation is fostered by information from new connections, insights, and ongoing circles of exchange -- information not just accumulated or stored, but created. Knowledge is generated anew from connections that weren't there before.

- Margaret Wheatley
The New Science of Management

We now have the scientific knowledge and communication technology to create a world in which most heart disease and stroke could be eliminated. In such a world, preventive practices are incorporated at the beginning of life as a matter of course.

When translated into an action plan, this vision delivers a clear message: heart disease and stroke are largely preventable by applying what we know and by working together in a spirit of collaboration and partnership. In order to translate the vision of the Healthy People 2010 Objectives into reality, it will require all of us: governments; community and health agencies; social and economic development organizations; the scientific community; health coalitions; health care providers; educational institutions and their students; and the private sector. Only by extending creative application of health promotion and heart disease and stroke prevention to the population as a whole will we reduce the burden of heart disease and stroke in Utah.

Uniting Partners for a Legacy of Health: Utah's Plan for Cardiovascular Health, 2002-2005 leads the way for those of us who have made the commitment to reduce the burden of heart disease and stroke and are looking to make new "connections." The plan was developed by the Alliance for Cardiovascular Health in Utah, convened and staffed by the Utah Department of Health Heart Disease and Stroke Prevention Program, and funded in part through a grant from Centers for Disease Control and Prevention, Cardiovascular Health Branch. The members of the Alliance extend their gratitude to the many partners who served on the Alliance Workgroups and contributed their time and expertise.

It is our hope that all who read this plan will become part of the energy needed to make Utah's vision of "Heart Healthy and Stroke Free" a reality.

The Vision

All Utahns will place a high value on wellness. Health care providers and insurer systems will put prevention first for all patients. Individuals and families will have abundant opportunities to make healthy lifestyle choices at home, in schools, at work sites, and in the community, including seeking regular preventive medical care, engaging in daily physical activity, avoiding tobacco products, eating a balanced healthy diet, and maintaining a healthy weight. Healthy environments and cultures will support and encourage these choices.

In addition:

- The importance of health promotion and primary and secondary prevention of heart disease and stroke will be recognized, funded, and supported by federal, state and local governments and policy makers.
- Medical care and public health will "connect" to ensure access and adequate provision of preventive services, as well as acute and emergency services, to all Utahns.
- Communities will connect with partners, including the public and private sectors and health care providers, to develop, implement, and support health promotion and prevention strategies specific to their identified needs.
- Businesses will incorporate wellness programs for employees as a “way of doing business.”
- Schools will recognize the health of their students as a top priority and become leaders in healthy policies, supportive environments, and innovative, creative health promotion and education.
- Heart disease and stroke prevention efforts will be based on comprehensive and collaborative data collection systems that provide population-based information and data for evidence-based interventions.



Overview of Cardiovascular Disease in Utah

Scope of the Problem

Cardiovascular disease is the leading cause of death for both men and women in Utah and has been since 1910¹⁻². It is also the leading cause of death in the U.S.

Cardiovascular disease (CVD) refers to those diseases and conditions that affect the heart and blood vessels, namely high blood pressure, heart disease, and stroke, but also includes conditions such as congestive heart

failure and peripheral vascular disease. Today, CVD is of paramount public health importance because of its widespread nature and the potential for intervention. Each year more than 3,800 Utahns die from CVD, or one Utahn every two and a half hours². Despite an impressive decline in CVD related mortality over the past thirty years, CVD still accounts for almost one-third (31.6%) of all deaths in Utah (Figure 1). CVD is also the leading cause of physical disability³ for both men and women, inhibiting the lives of many survivors and their families.

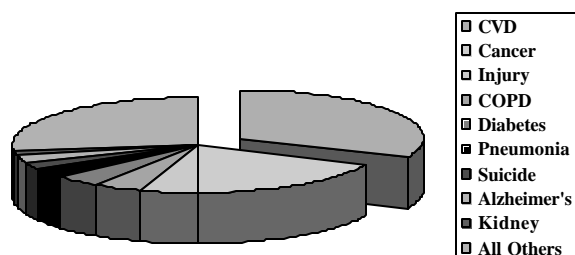
The economic costs of CVD are as devastating as its physical consequences. Hospital charges in Utah in 2001 for CVD related hospitalizations

(primary or secondary diagnoses) amounted to \$895.9 million, or almost \$2.5 million per day³, not including other medical care expenses, disability, or lost wages. The per capita costs for CVD primary diagnosis hospitalizations were \$150.64 per Utahn, compared to per capita costs of \$49.92 for cancer and \$8.97 for diabetes³.

CVD is not just a disease of the aged. An estimated 45% of all coronary heart disease events occur in people age 65 or under³, and almost one-third (31.9%) of coronary heart disease deaths occur in men age 65 or under³.

Atherosclerosis, the thickening, narrowing, and hardening of arteries, is a major cause of CVD. It is a slow, progressive condition which eventually results in hindered blood flow to and through the heart and brain. Although the disease usually becomes symptomatic in middle age, numerous studies have shown that atherosclerosis begins in childhood⁴⁻⁷. The build-up of cholesterol on artery walls may begin as early as two years old. Fatty streaks are common in the arterial walls of children and may predispose them to an early heart attack or stroke.

Figure 1: Leading Causes of Death in Utah 2001



Source: Utah Department of Health, IBIS Mortality Query System, 2003

Overview of Cardiovascular Disease

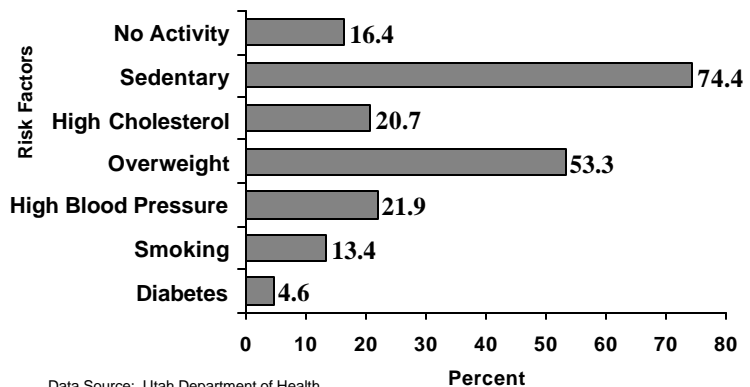
Risk Factors for Cardiovascular Disease

Research has clearly defined the principal risk factors for CVD, most of which are preventable. These include elevated blood pressure and cholesterol levels, cigarette smoking, obesity, physical inactivity, poor nutritional habits, family history, and diabetes.

Although the major CVD risk factors are modifiable, data from the 2000-2001 Utah Behavioral Risk Factor Surveillance System (BRFSS)⁸ indicate that a substantial proportion of Utahns are at increased risk for developing CVD. More than one-third of Utah adults have one risk factor for CVH, and another 30.9% have two or more CVH risk factors. Extrapolating national data to Utah children, 34% percent of children ages 6-15 have at least one risk factor for CVD⁹.

In 1999-2001, an estimated 20.7% of Utah adults reported being told they had high cholesterol; 21.9% were told they had high blood pressure; 74.4% were not getting adequate physical activity (at least 30 minutes per day, on at least five days of the week); 16.4% were inactive (no leisure time activity); 53.3% were overweight or obese; 13.4% smoked cigarettes; 4.6% had diabetes; only 22.2% reported eating at least three or more servings of vegetables each day; and 33.1% reported eating at least two servings of fruit per day. Some of these risk factors are shown in Figure 2.

Figure 2: Prevalence of Cardiovascular Disease Risk Factors Among Utah Adults, 1999-2001



Data Source: Utah Department of Health
Behavioral Risk Surveillance Survey 1999-2001

The prevalence of risk factors such as high blood pressure and smoking has remained relatively unchanged for the past five years. At the same time, there have been significant increases in overweight/obesity, diabetes prevalence, and sedentary lifestyles for Utah adults.

Utah's children and adolescents are following similar trends. Utah's school age children (K-8th grade), especially, are following the national trend of unhealthy weights. Twenty-five percent of Utah kids are at an unhealthy weight, and almost 12% are obese (compared to a projected rate of 5%). In 2002, 15% of third grade boys in Utah were obese, compared to 7% in 1994. If this trend continues, 34% of third grade boys in Utah will be obese by the year 2010¹³.

The prevalence of overweight and obesity are also on the rise for Utah's teenagers. In 1999 in Utah, approximately 5% of public high school students were overweight. Boys were more than twice as likely than girls to be overweight (6.5% compared to 3.2%). In 2001, these percentages jumped to 6.2% for all students and 9.6% for boys (dropping to 2.5% for girls)¹⁹.

Overview of Cardiovascular Disease

Cardiovascular Disease Mortality

While mortality is relatively easy to measure and monitor, it is much more difficult to gauge the degree of morbidity from cardiovascular disease (CVD). Hospitalization for heart disease and stroke is one indicator of the morbidity associated with CVD. Utah hospital discharge data for 2001 show there were 19,907 discharges for primary diagnosis of CVD and 61,316 discharges for any diagnosis of CVD, accounting for the highest proportion of total discharges (15.9%) after childbirth and newborn discharges³.

All too often the disability associated with heart disease, and especially heart attack and stroke, is left unaddressed. Most people tend to think of these conditions as resulting in sudden death. However, only one in five people without clinical manifestation of CVD dies suddenly from a heart attack or stroke¹⁰.

The majority of people go on to live lives affected by conditions ranging from shortness of breath to paralysis, mental dysfunction, and/or loss of capacity. CVD seriously limits daily life for many Utahns. Figure 3 shows the number of adults who have heart disease, high blood pressure, and stroke, and the percentage of those with major impairment and limited activities in 2001.

Age with Limitation	Heart Disease Percent
18-24 years	1.7
25-44 years	10.3
45-64 years	6.9
65+ years	4.8

Figure 3: Utah Adults with Heart Disease, Major Impairment, and Limited Activities, 2001

CVD has a significant impact on the perceived quality of life for those affected by the disease. Utah's Health Status Survey shows that almost half of Utahns who have heart disease or have had a stroke perceive their health status as "fair to poor"⁴.

Coronary Heart Disease

The most common manifestations of coronary heart disease (CHD) are angina pectoris (chest pain), myocardial infarction (heart attack), and sudden death. Although advances in medical care, public health campaigns, and some changes in lifestyle behaviors (primarily a reduction in smoking prevalence) are credited for the recent decline in coronary heart disease mortality, CHD still represents almost half (43.7%) of the cardiovascular disease deaths in Utah, and nearly 15% (14.7%) of all deaths from all causes.

The utilization of health care services to diagnose and treat CHD is substantial both nationally and in Utah. An average of 6,465 cardiac catheterizations, 3,015 percutaneous transluminal coronary angioplasty (PTCA) procedures, and 1,674 cardiac catheterization/coronary artery bypass graft (CABG) surgeries were performed on Utah residents each year during 1998-2000. The average annual charge for a CHD hospitalization among Utah residents age 20 or over during 1998-2000 was \$20,944. Hospital charges are only part of the direct costs associated with CHD. Other components include physician and other health care professional costs associated with nursing home care, home health care, drugs, and other medical durables. In addition, there are indirect

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costs to be considered, such as lost productivity due to missed work days and lost future earnings of a person who dies due to CHD.

According to preliminary data collected in the 2001 Utah Behavioral Risk Factor Surveillance Survey (BRFSS), almost 96% of Utah adults recognized that chest pain is a symptom of heart attack. Recognition of symptoms did not differ greatly between men and women in Utah. The rate of hospitalization for acute myocardial infarction was consistently much higher for men than women during 1992-2000. In fact, both emergency department visit and hospitalization rates for heart attack were higher for males than for females in every age group. During 1998-2000, 2,170 Utahns died as a result of acute myocardial infarction or heart attack. More than 900 of these deaths (44%) occurred in women.

Stroke (Cerebrovascular Disease)

Stroke includes a group of diseases that affect the arteries of the central nervous system. Stroke occurs when an artery in the brain is either ruptured or clogged by a blood clot (thrombus), a wandering clot (embolus), or atherosclerosis (thickening and hardening of the arteries). Nerve cells in the affected part of the brain can die within minutes, resulting in neurologic disability or death. Stroke remains the third leading cause of death in Utah and the U.S., behind heart disease and cancer. In Utah, it represents almost one-quarter (23.6%) of all cardiovascular disease deaths and is also a major cause of permanent disability.

Stroke mortality increases sharply with age. Age-adjusted mortality rates for 2000-2001 show the rates increased from 20.6/100,000 population for Utahns ages 45-64, compared to a mortality rate of 469.5/100,000 population for those age 65 or over.

In 1999, Utah's age-adjusted stroke mortality rate of 60.7/100,000 population was similar to the nation's mortality rate of 60.2/100,000.

Utahns age 55 or over who were hospitalized with stroke in 2001 were 32% less likely to be discharged to routine home care and more than twice as likely to be discharged to other institutions or long-term care facilities, compared to Utahns in the same age group who were hospitalized for all other cardiovascular diseases that year³.

Congestive Heart Failure

Congestive heart failure is an ambulatory care sensitive condition, meaning that hospitalizations may be prevented by providing appropriate outpatient medical care. The rate of hospitalization in Utah for congestive heart failure increased with age for both men and women. The overall rate of hospitalization for this condition was higher for women than men. The highest hospitalization rates were seen among individuals age 85 or over. The hospitalization rate for this condition was highest for Utah's frontier counties.

We are currently faced with modern challenges in heart disease risk factor prevention, such as obesity, lack of physical activity, and health care disparities. Strategic and comprehensive approaches are needed to address these challenges. *Uniting Partners for a Legacy of Health: Utah's Plan for Cardiovascular Health, 2002-2005*, supports strategies to reduce these risk factors by addressing policy and environmental interventions. These interventions are possible only through greater collaboration.

The formation of the Alliance for Cardiovascular Health in Utah in 2001 was the initial, and one of the most significant, accomplishments of our program. The Alliance invited traditional and non-traditional partners with common interests and priorities to begin a working relationship. Membership flourished to include 140 representatives from a wide range of agencies. Shortly after organizing, and based on their expertise, Alliance members were separated into the following workgroups: Community Physical Activity; School Nutrition and Physical Activity; Community Nutrition; and Secondary/Tertiary Prevention of Cardiovascular Disease. Each workgroup developed a work plan with objectives and strategies representing members' goals. These work plans were utilized in developing the new plan.

Uniting Partners for a Legacy of Health offers comprehensive, population-based strategies to address heart disease risk factors through policy and environmental approaches. There is buy-in and consensus among members at all levels to implement the plan. With opportunities to build capacity, share resources, and offer innovative programs, we will be able to reduce the burden of heart disease in our state.

New Strategies to Prevent Cardiovascular Disease

Secondary Prevention of Heart Disease and Stroke

Note: For the purposes of this plan, *secondary prevention* will be defined as “educating, treating, and rehabilitating people with established disease, or who are at highest risk for a cardiovascular event, or who have had a heart attack or stroke, in order to prevent further cardiovascular events.”

Problem Statement:

There is much to be done in the area of secondary prevention of heart disease within the health care system, the worksite, and the community. Data from the 2000-2001 BRFSS show that 114,240 Utahns have had a first heart attack, stroke, or diagnosis of coronary heart disease or angina. Additionally, 142,707 Utah adults age 50 or over have two or more risk factors for CVD, excluding gender (this is considered an additional risk factor for males, which would make the number even higher). While these high risk populations will benefit most from the interventions described in this plan, all Utahns ultimately will benefit from strategies to prevent heart disease and stroke.

Health Plan Employee Data Information Set (HEDIS) data show that of Utah managed care patients with high blood pressure, only 48% have controlled their blood pressures one year later. Of patients who have experienced a major cardiovascular event (heart attack, angina, coronary artery surgery, or other procedures to open blocked vessels), only 66.8% have controlled their cholesterol levels. BRFSS data show that of the patients reporting having had a heart attack or stroke, less than one-quarter received rehabilitation services.

While most Utah adults recognize chest pain as a symptom of heart attack and 84% know to call 9-1-1, many do not know the signs and symptoms of stroke or consider stroke a 9-1-1 emergency. In fact, in 1999, Utah was sixth highest in the nation in pre-transport stroke deaths (deaths occurring outside the emergency departments of hospitals).

Mission Statement:

Impact the health and quality of life for Utahns by promoting policies and supports within the delivery systems of health care that will result in earlier detection and treatment of risk factors, heart attacks, and strokes, and prevent further cardiovascular events.

New Strategies to Prevent Cardiovascular Disease

Awareness & Visibility Goal:

Develop and implement a multimedia campaign utilizing television, radio, and print media to inform and educate Utahns that cardiovascular disease is the leading cause of death, and a leading public health problem that must be addressed.

Awareness & Visibility Impact Objective 1:

Increase awareness of heart disease as the leading cause of death in Utah, and that risk factors can be modified.

Strategies:

- Establish knowledge base.
- Publish and widely distribute a CVD Burden Report at least every three to four years.
- Determine appropriate media channels to reach high risk populations.
- Develop media campaigns at state and local levels to inform and educate Utahns about the burden of CVD and the importance of modifying risk factors to prevent or delay onset of disease.
- Develop and test media messages.
- Create a special section on website to address this issue.
- Develop camera ready articles on risk factor management and control for distribution to managed care plans, worksites, etc. on a routine basis.

Evaluation:

Documented change in knowledge base after campaign; changes in BRFSS data for Heart Disease and Stroke module for Utahns reporting making changes to prevent heart disease and stroke.

Awareness & Visibility Impact Objective 2:

Inform and educate Utahns about the signs and symptoms of heart attack and stroke, and inform that both are 9-1-1 medical emergencies.

Strategies:

- Determine appropriate media channels to reach high risk populations.
- Develop media campaigns at state and local levels to inform and educate Utahns about the signs and symptoms of heart attack and stroke (including the differences in symptoms between the two, and gender differences in heart attack symptoms), and inform that both are 9-1-1 medical emergencies.
- Develop tools for providers to educate at-risk patients

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(e.g. 9-1-1 plan prescription pads).

- Provide refrigerator magnets and incentive items to providers to promote knowledge of symptoms and 9-1-1 awareness.
- Create a special section on website to address this issue.
- Develop camera-ready articles on risk factor management and control for distribution to managed care plans, worksites, etc. on a routine basis.

Evaluation:

Changes in BRFSS Heart Attack and Stroke Module in Utahns reporting knowing the signs and symptoms of heart attack and stroke, and who would call 9-1-1 if symptoms occurred; changes in pre-transport deaths in Utahns (excluding nursing home deaths) for heart attack and stroke.

Awareness & Visibility Impact Objective 3:

Inform and educate Utahns about the link between lifestyle choices and control of high blood pressure and high cholesterol.

Strategies:

- Determine appropriate media channels to reach high risk populations.
- Develop media campaigns at state and local levels to inform and educate Utahns about the link between lifestyle choices and control of high blood pressure and high cholesterol.
- Develop exhibits, presentations, and special events during February Heart Month, May High Blood Pressure Month, and September High Blood Cholesterol Month.
- Create a special section on website to address this issue.
- Develop camera ready articles on risk factor management and control for distribution to managed care plans, worksites, etc. on a routine basis.

Evaluation:

Changes in BRFSS reported lifestyle risk factors; prevalence of respondents with high blood pressure/cholesterol from Core and Cardiovascular Disease modules.

New Strategies to Prevent Cardiovascular Disease

Policy Goal:

Identify need and promote policy changes in health care systems.

Policy Impact Objective 1:

Develop system changes that contribute to better control of risk factors for heart disease and stroke, especially high blood pressure, high cholesterol, and obesity.

Strategies:

- Encourage health plans to provide blood pressure monitoring services free of charge to subscribers.
- Disseminate and promote adherence to the *American Heart Association Guidelines for Primary and Secondary Prevention of Heart Disease and Stroke*.
- Develop ideas for incentives for providers who adhere to guidelines.

Evaluation:

Changes in HEDIS measures for blood pressure and cholesterol; number of health care plans documenting use of guidelines and using incentives.

Policy Impact Objective 2:

Inform and educate hospital systems about the *American Heart Association Get With the Guidelines for Heart Disease and Stroke* and promote implementation by leading care corporations in Utah.

Strategies:

- Partner with the American Heart/Stroke Association and provide a conference meeting to introduce the *Get With the Guidelines for Heart Attack and Stroke* to major hospitals in Utah.
- Provide grants to hospitals who would like to implement the program but do not have the funding.
- Assist with the training of professionals for program implementation.

Evaluation:

All major hospitals in Utah have guidelines in place for treatment and discharge care for heart attack and stroke patients.

New Strategies to Prevent Cardiovascular Disease

Policy Impact Objective 3:

Ensure that all areas in Utah have access to 9-1-1 and enhanced 9-1-1 by 2005.

Strategies:

- Partner with Emergency Medical Services and American Heart Association to develop appropriate advocacy actions to ensure coverage.
- Develop education program for state and local partners to ensure that 9-1-1 issues are well understood.

Evaluation:

Utah has complete access to enhanced 9-1-1 by 2005.

Policy Impact Objective 4:

Ensure that all Utahns have access to emergency medical care for treatment of heart attack or stroke.

Strategies:

- Working with Medicaid, Community Health Centers and the Primary Health Care Network, develop an inventory of reimbursement and policies for emergency care for heart attack and stroke, and support changes that may need to be made.
- Promote and support local health department partnerships with emergency medical services in distribution and training programs for automated external defibrillators (AEDs).

Evaluation:

Assurances in place that no Utahn will be denied emergency care for heart attack and stroke.

Capacity Goal:

Increase the ability of health care providers and patients to effectively manage high blood pressure, high blood cholesterol, and congestive heart failure.

Capacity Impact Objective 1:

Develop and nurture partnerships with providers, health plans, and other professionals to establish a working relationship between primary care and public health.

Strategies:

- Identify providers serving high risk populations in Utah.

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- Identify barriers faced by providers and patients in treating and controlling these conditions.
- Identify needs of providers and patients that should be addressed in any capacity building program.

Evaluation:

Documented barriers and needs of patients and providers; working relationships with Community Health Centers, Medicaid providers, managed care plans, etc.

Capacity Impact Objective 2:

Provide technical assistance, training, public health resources, and connections in the community to enhance providers' progress in high blood pressure, high blood cholesterol, and congestive heart failure treatment and control.

Strategies:

- Participate in Community Health Centers Cardiovascular Disease Collaborative.
- Assist in obtaining resources to improve quality of care in rural areas (e.g. finger-stick testing devices to provide results during clinic visits in areas with no lab or hospital).
- Partner with Utah Medical Association, Intermountain Health Care (IHC), and other provider organizations to develop professional education programs for rural professional community outreach.
- Seek funding from partner agencies to enhance quality of care and variety of heart disease and stroke prevention services offered.
- In partnership with major managed care providers in Utah, develop and implement a kit in Spanish and English for newly diagnosed hypertensives to promote self-management of the condition.
- Develop and disseminate tools for providers to use with patients to improve blood pressure monitoring.
- Develop and promote self-management tracking tools to be used by patients.
- Promote inclusion of Community Health Centers in Health Communities Committees, enhancing their visibility within the community.
- Ensure that partner agencies' health providers receive training in measurement and management of hypertension.
- Provide kits and training to partner agencies on implementing the DASH diet for hypertension management.

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Evaluation:

Changes in the HEDIS measures for high blood pressure and high cholesterol control; number of Community Health Centers participating in the Cardiovascular Collaborative; number of Community Health Collaboratives reaching their goals; number of agencies/providers participating in the programs; number of hypertensive kits distributed; and number of rural health care providers receiving outreach education.

Capacity Impact Objective 3:

Ensure that high-risk patients with diabetes or who may be pre-diabetic receive priority education and care, and develop skills to reduce heart disease and stroke risk factors.

Strategies:

- In collaboration with the Utah Department of Health Diabetes Control Program, develop a training program to include secondary prevention of heart disease and stroke risk factors in diabetes care plans.

Evaluation:

Prevention of heart attack and stroke risk factors is included in diabetes education plans and training provided to diabetes educators.

Capacity Impact Objective 4:

Enhance the capacity of the transport and care facilities to treat stroke as an acute emergency.

Strategies:

- Partner with Operation Stroke.
- Assess the current status of acute stroke transport and treatment.
- Assist in establishing a stroke network or consortium.
- Apply for funding for a TriState (California, Nevada, and Utah) conference on developing a "Chain of Survival" strategy for stroke, from symptoms to rehabilitation.

Evaluation:

Comparison of baseline data and data collected in five years; existence of a stroke network; perhaps even existence of "stroke centers"; and number of attendees at conference.

New Strategies to Prevent Cardiovascular Disease

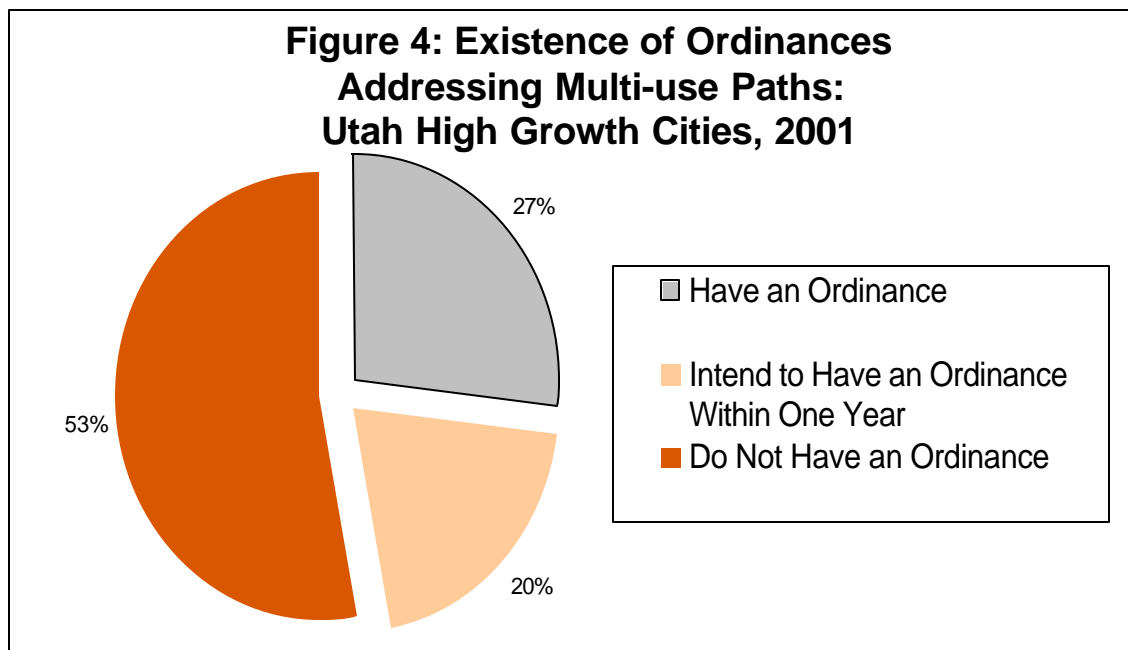
Community Physical Activity

Problem Statement:

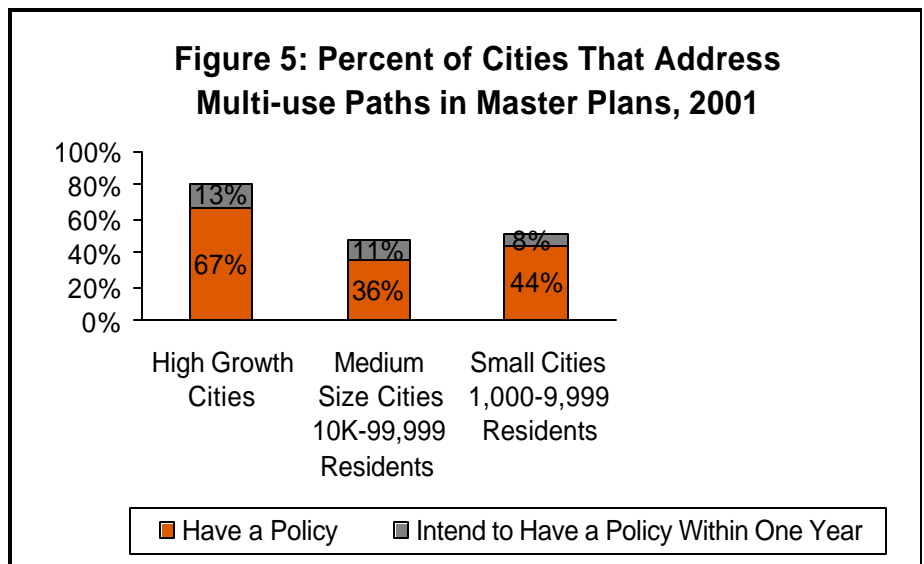
Heart disease is the number one cause of death for Utahns today. Physical inactivity is a leading indicator not only for heart disease, but also for high blood pressure, diabetes, and obesity. Research shows troubling trends in physical inactivity and obesity among Utah's children and adults. Only 27% of adults participate in 30 minutes of physical activity on most days of the week; walking and biking trips have decreased more than 40% among children in the last 30 years⁸. More than 33% of Utah's adults are overweight, and more than 15% are obese⁸. Almost 25% of elementary age children are overweight or obese, and as many as 15% of high school students are overweight¹¹. Walking has been identified as a major factor in reducing obesity and enhancing health; however, several barriers make it inconvenient, uncomfortable, or dangerous to simply go for a walk. Community design that accommodates automobiles and discourages bicycling and walking has become a major element in neighborhood engineering, planning, and real estate development¹².

Mission Statement:

Improve the health and well-being of Utahns by increasing the capacity within communities to provide policies and environments that will increase walking and biking opportunities for residents.



New Strategies to Prevent Cardiovascular Disease



Policy Goal:

Improve the capacity within the community to affect and sustain policy changes that will improve conditions for pedestrians and bicyclists.

Policy Impact Objective 1:

Increase the percentage of city policies directing construction of multi-use trails in Utah from 27 to 47% in high growth cities (based on the 20% of these cities that intend to include multi-use trail policies).

Strategies:

- Support the plans and activities of the Utah Trails Initiative in increasing the number of biking and walking trails available to every citizen in Utah.
- At the Utah Trails Initiative Trails conference, promote interest in Active Community Environments (ACEs) by providing information to partners and agencies about projects and funding.
- Prepare a presentation that will be used to educate local policy boards about walkability and physical environment design.
- Schedule dates and times with those cities who reported an intention to add policies concerning multi-use trails, as reported in the Policy and Environmental Survey.

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Evaluation:

Repeat Active Community Environments (ACEs) Survey in 2004 and 2006 to determine the progress of cities that reported an intention to add policies concerning multi-use trails.

Policy Impact Objective 2:

Ensure that at least 30% of all school districts in Utah have a Safe Routes to School policy in place.

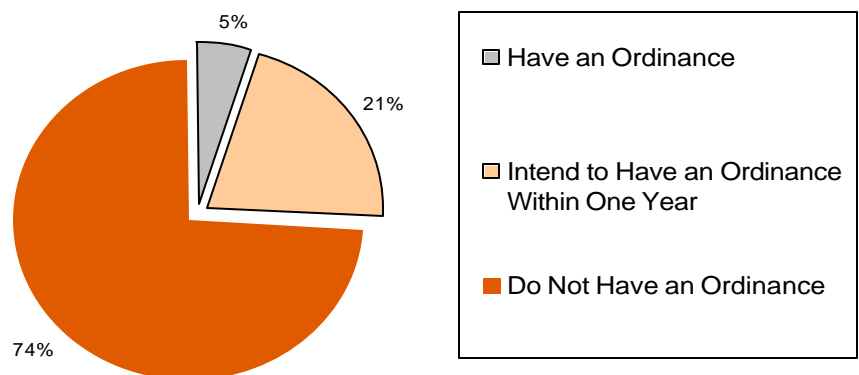
Strategies:

- Encourage local governments to ensure that Safe Routes to School are included in their master plans by working with metropolitan planning organizations, the Utah Department of Transportation, and the Utah Department of Health Violence and Injury Prevention Program in implementing their master plan.
- Through media and PTA contacts, conduct a community education program outlining the efforts of the working groups to enforce Safe Routes policies.
- In combination with National Walk to School Day, assist schools in conducting walkability audits in schools and districts where needed.

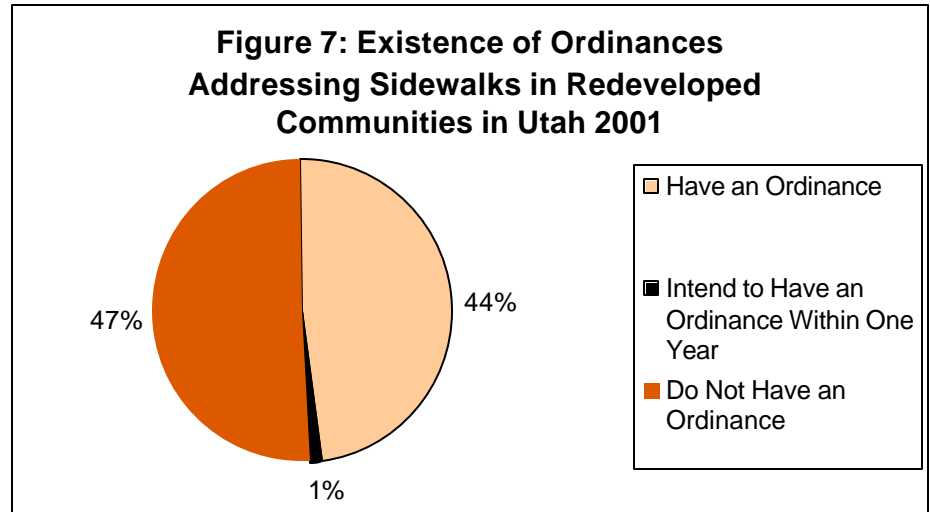
Evaluation:

Survey school districts and schools to determine baseline. Determine the percent increase in the number of districts planning for Safe Routes to School. Determine the percent increase in the number of Safe Routes

Figure 6: Existence of Bike Lane Ordinances in Utah, 2001



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to School within communities.

Policy Impact Objective 3:

Require each community to include in their master plan a path/trail system linking existing systems.

Strategies:

- Share ACEs Survey results with the Utah Trails Initiative to help determine where policy changes are needed.
- Work with metropolitan planning organizations to help communities budget for paths/trails in master plans.

Evaluation:

Repeat ACEs Survey in 2004 and 2006 to determine the progress of cities that reported intention to add policies concerning multi-use trails.

Policy & Environment Goal:

Improve the capacity within the community to affect and sustain environmental changes, which will encourage increased walking, biking, and jogging.

Policy & Environment Impact Objective 1:

Increase the number of separated grade (class I) trails by 33% statewide.

Strategies:

- Identify, create, and increase capability of a statewide advocacy

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group to ensure implementation of community walkability/bikeability strategies.

- Establish a statewide network of local trail advocates through the Utahwalks website.
- Provide information to communities about funding, development, and planning for trails through websites, conferences, and presentations to those communities who reported intention to increase trails.

Policy & Environment Impact Objective 2:

Increase the number of bike lanes by 20% statewide.

Strategies:

- Identify, create, and increase capability of a statewide advocacy group to ensure implementation of community walkability strategies.
- Establish a statewide network of local trail advocates through the Utahwalks website.
- Provide information to communities about funding, development, and planning for trails through website, conference, and presentations to those communities who reported intention to increase trails.

Evaluation:

Determine percent increase in the ratio of bike lanes to streets by repeating Environmental Survey. Determine increased ratio of bike lanes connected to recreation and transportation facilities by comparing numbers to baseline.

Policy & Environment Impact Objective 3:

Increase the number of sidewalks in redeveloped communities by 35%.

Strategies:

- Encourage and assist cities in applying for funding from the Utah Department of Transportation Safe Sidewalks Project and other available funding sources by providing information on the Utahwalks website.
- Identify, create, and increase capability of a statewide advocacy group to insure implementation of community walkability strategies.
- At their spring conference, work directly with Metropolitan Planning Organizations (League of Cities and Towns) in educating engineers about retrofitting communities.

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Evaluation:

Increased mileage of sidewalks will be measured by repeating the ACEs Survey.

Policy & Environment Impact Objective 4:

Increase the number of miles of connected walking systems.

Strategies:

- Establish a statewide network of local trails advocates through the Utahwalks website.
- Provide information to communities about funding, development, and planning for trails through website, conference, and presentations to those communities who reported intention to increase trails.
- Support the Utah Trails Initiative and Envision Utah to ensure linkages of paths/trails and streets between existent and new developments by adding a public health perspective to their presentation package.
- Through the Utahwalks website, assist community groups in finding new resources for building and maintaining connector routes.

Evaluation:

Increased number of paths and trails connecting to a system vs. stand alone trails and paths will be measured by repeating Environmental Survey.

Visibility & Awareness Goal:

Increase visibility and awareness of need for opportunities to participate in physical activity, such as walking, bicycling, jogging, etc.

Visibility & Awareness Impact Objective 1:

Increase awareness in all cities of need for physical activity.

Strategies:

- Conduct a media campaign about need for physical activity and the benefits of walking, including: *Hearticles* newsletter, UtahWalks website, press releases, television, and radio spots, and special walking events from approximately September 2003 to June 2004.
- Develop a packet containing information about services that are available such as grant applications, examples of successful projects, and availability of money, and publish on the

New Strategies to Prevent Cardiovascular Disease

UtahWalks website.

- Using a prepared presentation, meet with public officials responsible for implementation of community plans to highlight the value, health benefits, and cost-effectiveness of walking, biking, and trail use.

Visibility & Awareness Impact Objective 2:

Increase the awareness of trails and facilities that support an active lifestyle.

Strategies:

- Provide HDSPP mini-grants to increase signage and mapping of Legacy Gold Medal trails and facilities.
Publish statewide trail maps and post on Utahwalks website.
- Add links of existing Internet-based maps to Utahwalks website.
- Encourage communities and others to use physical activity promotions (e.g. phone hold messages, video spots, grocery store overhead announcements, etc.).

Evaluation:

The increase in numbers of people using paths/trails according to the Utah State University Pedestrian Usage Survey. Improvement in health measures related to walking and biking according to BRFSS data.

New Strategies to Prevent Cardiovascular Disease

School Nutrition and Physical Activity

Problem Statement:

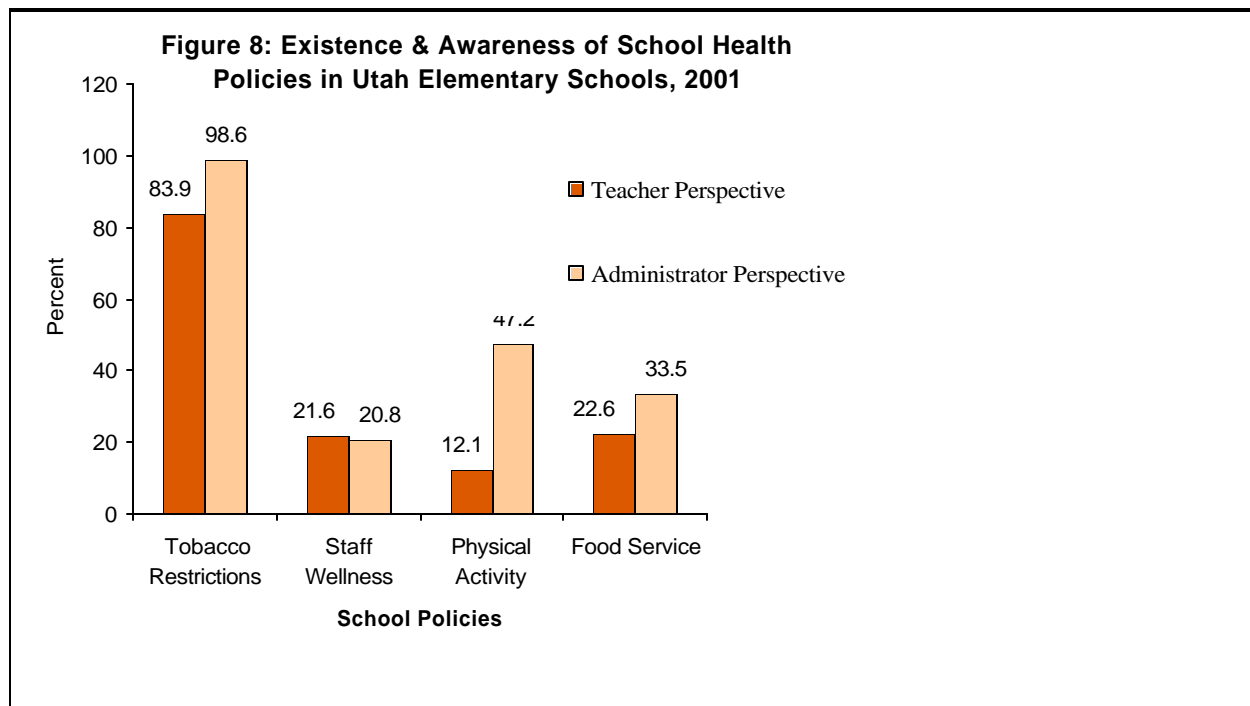
Although elementary and secondary students may be learning about fitness and nutrition in the classroom, school policies and environment may not support these healthy behaviors. Consider the following statistics:

- In 2002, more than 25% of Utah's K-7th grade school students were overweight or at risk of being overweight¹³.
- In 2001, only 47.2% of elementary school administrators and 13.2% of teachers reported that their school had a policy that students would receive at least 90 minutes of structured physical activity every week¹⁴.
- In 2001, almost 15% of all Utah high school students were at risk of being overweight or were already overweight¹⁵.
- Less than one-third of Utah high school students reported participating in moderate physical activity in 1999¹⁶.
- Only 25.1% of Utah high school students reported eating five servings of fruits and vegetables per day in 1999¹⁶.

More than 97% of children and adolescents in Utah are enrolled in school. We can help school age children form healthy habits in nutrition and physical activity through a school environment and policies that encourage and promote healthy choices.

Mission Statement:

Improve the physical activity and eating patterns of Utah's students by working collaboratively to improve, develop, and/or implement policies and environments that support healthy choices in school communities.



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Visibility & Awareness Goal:

Enhance awareness of physical activity and healthy nutrition as a priority issue in the school community.

Visibility & Awareness Impact Objective 1:

Increase the awareness of decision makers, including school administrators, local school boards, teachers, and parents, in ways to translate the link between good nutrition, physical activity, and learning into supportive school health policies and environments.

Strategies:

- Conduct focus groups and/or interviews with local school board members, school administrators, teachers, and parents to determine knowledge and attitudes about physical activity, good nutrition, and learning.
- Develop and provide presentations about the importance of health that emphasize nutrition, tobacco use prevention, and Physical Education Core Curriculum, as well as policy and environmental supports, and their relationship to academic achievement at the State Board of Education and 15 local board of education meetings.
- Develop and provide presentations at annual conferences for local boards of health, superintendents, principals, etc.

Evaluation:

Use the School Heart Health Survey to determine an increase in supportive school health policies and environments. Develop tests about attitudes and practices regarding the link between nutrition, physical activity, and learning, to be administered before and after presentations and trainings. Develop a survey to assess decision makers' knowledge of the link between nutrition, physical activity, and learning to be administered before interventions begin and again one year later.

Visibility & Awareness Impact Objective 2:

Increase by 50% teacher and school administrator awareness of the Gold Medal School Initiative (GMSI) as a way to enhance school policies and environments.

Strategies:

- Conduct qualitative research with principals, school coordinators, and teachers to determine knowledge and attitudes about GMSI criteria.

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- Send promotion information and registration application to all Utah elementary schools.
- Conduct presentations and exhibits at relevant conferences and meetings.

Evaluation:

Use baseline data from the School Heart Health Survey and compare to the follow-up survey.

Capacity Goal:

Enhance knowledge, skills, and resources within the school community to affect and sustain policy and environmental changes.

Capacity Impact Objective 1:

At least 10% of Utah elementary and/or secondary schools will have school health councils.

Strategies:

- Conduct inventory and evaluate existing councils to determine appropriate individuals to involve and train.
- Implement American Cancer Society (ACS) School Health Council Training in Utah annually, beginning Year One.
- Work in collaboration with Utah State Office of Education, PTA Health Commission, ACS, and the Utah Department of Health to establish school health councils.

Evaluation:

Conduct follow-up with attendees of ACS School Health Council Training to evaluate progress. At least 10% of elementary and/or secondary schools will have a school health council incorporated into their systems.

Capacity Impact Objective 2:

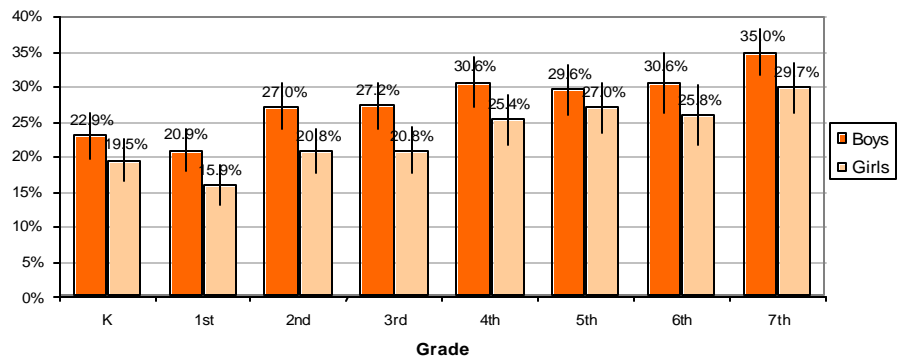
At least 40% of PTAs will address physical activity and nutrition on their agendas.

Strategies:

- Conduct presentations and give information packets to the PTA at annual and regional meetings (e.g. Spring State Convention) regarding opportunities for PTA involvement in physical activity and nutrition activities in school.
- Twice a year, meet with regional PTA directors to discuss opportunities to increase the support for and implementation of

New Strategies to Prevent Cardiovascular Disease

Figure 9: Percentage of Student Sample, K - 8th Grade, Who Are Overweight or at Risk of Becoming Overweight by Grade and Sex, Utah 2002 (At or above the 85th percentile).



the health and physical education core curriculum, as well as the needed policy and environmental supports around physical activity and nutrition.

- Send a core group of PTA members to ACS School Health Council training.
- Increase by 10% the number of PTAs that use fund raising products other than minimally nutritious foods.
- Increase by 10% the number of PTAs that provide before or after school structured play activities.
- Increase PTA involvement in Walk to School Day and Safe Routes to School programs.

Evaluation:

Measure the number of PTAs assisting with GMSI, Walk to School Day, Safe Routes to School, and School Health Councils. Establish a baseline for play activities and fund raising products sold (PTA could conduct the survey).

Capacity Impact Objective 3:

Establish a baseline for childhood overweight/obesity rates in Utah.

Strategies:

- Develop a surveillance plan for obtaining height and weight measures every three to five years.
- Write and publish a report of 2002 findings with recommendations.
- Distribute the report.

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Evaluation:

A baseline database has been established and a report has been published and disseminated.

Policy & Environment Goal:

Advocate for policies and procedures that will improve access to and support healthy eating and physical activity in school communities.

Policy & Environment Impact Objective 1:

Develop and disseminate a guide for local school districts to assist them in increasing the number of "nutritious" foods to at least 50% of the offerings in secondary school vending machines.

Strategies:

- Disseminate the 2002 vending inventory results.
- Determine appropriate nutritional guidelines or standards.
- Recommend guidelines for nutritional content to school administrators.
- Educate principals on contract options.
- Partner with the Dairy Council and others who offer healthy vending offerings to determine ways to implement healthy vending choices.
- Conduct focus groups and/or interviews with students to determine which healthful choices they would purchase.
- Disseminate the information to interested partners.
- Pilot a vending machine study to determine feasibility and profitability of healthy choice vending products.
- Disseminate the information to interested partners.

Evaluation:

Guide distributed to 100% of school districts. Validate current offerings, and conduct a follow-up survey of offerings.

Policy & Environment Impact Objective 2:

Develop baseline information on practices of outside food sold in addition to National School Lunch Program and School Breakfast Program in schools, including commercial, a la carte, and fund raising efforts. Develop a plan to increase nutritious choices if necessary.

Strategies:

- Determine length, frequency, and times of lunch periods to provide information about adequacy of time and space and appropriateness of time (10:00 a.m. or 2:00 p.m. vs. noon) for

New Strategies to Prevent Cardiovascular Disease

adequate nutrition.

- Determine current district/school competitive food practices.
- Determine if other states have addressed this issue.
- Determine appropriate nutritional guidelines or standards.

Evaluation:

By 2005, a baseline will be completed and a plan to increase nutritious choices will be developed.

Policy & Environment Impact Objective 3:

Increase from 12 to 50% the number of elementary schools with a policy requiring 90 minutes of P.E. per week.

Strategies:

- Promote the Physical Education core curriculum to decision makers.
- Promote Gold Medal School Initiative.
- Provide schools with resources to increase physical activity.

Evaluation:

School Heart Health Survey baseline data will be compared to follow-up survey.

New Strategies to Prevent Cardiovascular Disease

Community Nutrition

Problem Statement:

Scientists have proven that eating a diet rich in vegetables and fruits (5 to 9 servings a day) helps to reduce a person's risk for cardiovascular disease and other chronic diseases, including cancer, diabetes, and other health conditions associated with obesity¹⁷. However, less than a quarter of both Utah's adult and youth populations eat the minimum recommendation of 5 servings of vegetables and fruits each day⁸. In other words, more than three-quarters of the population go without the health benefits provided by eating 5 to 9 servings of vegetables and fruits daily. The failure of so many to eat "5 A Day" will continue to add to the burden of health care costs for all Utahns.

Mission Statement:

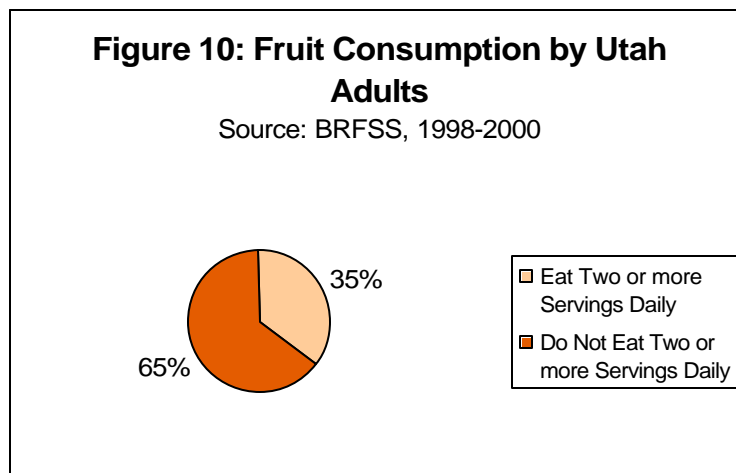
Encourage intake of 5 to 9 daily servings of fruits and vegetables by working collaboratively to improve, develop, and/or implement policies and environments that support fruit and vegetable consumption in communities.

Visibility & Awareness Goal:

Create awareness among Utahns of the need to eat 5 to 9 servings of fruits and vegetables each day.

Visibility & Awareness Impact Objective 1:

Increase the proportion of persons who consume at least three servings of vegetables by 30% (baseline 22%), and increase the proportion of persons consuming two servings of fruits by 15% (baseline 33%).



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Strategies:

- Create Annual September 5 A Day month event, with one event along the Wasatch front and smaller events in rural Utah communities.
- Place 5 A Day billboards sponsored by grocery stores throughout Utah.
- Develop and send 5 A Day public service announcements to 75 radio stations (in cooperation with KKDS 1060 AM).
- Send minimum of two 5 A Day press releases to appropriate newspapers and magazines each year.
- Work with local health departments and retailers to provide grocery store produce tours to 8,000 third grade children.
- Update www.hearthighway.org website with 5 A Day information, recipes, etc. each quarter.

Evaluation:

Using Utah Behavioral Risk Factor Surveillance System (BRFSS) data, measure success of strategies. Chart the media impressions generated from select strategies. For the grocery store tours, chart the number conducted, the number of children who participated, and results from teachers' tour evaluation surveys.

Policy & Environment Goal:

Improve the nutrition environment in our communities and support policies that encourage healthful food choices.

Policy & Environment Impact Objective 1:

Improve the nutrition environment at a minimum of five work sites in Utah per year.

Strategies:

- Promote the American Cancer Society's "Active for Life" work site wellness program that emphasizes eating a minimum of five servings of fruits and vegetables each day.
- Partner with work site cafeterias that participate in "Meeting Well" work site wellness program to improve fruit and vegetable offerings and increase 5 A Day visibility in cafeteria.
- Partner with Governors' Health Council and Healthy Utah to add 5 A Day emphasis to their nutrition programs.

Evaluation

Record the number of work sites that implemented "Active for Life" and how many cafeterias made improvements. Evaluate if partnerships

New Strategies to Prevent Cardiovascular Disease

were made and if 5 A Day component was added to programs.

Policy & Environment Impact Objective 2:

Increase the percentage of adolescents who report consuming a minimum of five servings of vegetables and fruits each day by 20% (baseline 26%).

Strategies:

- Assist Utah State Office of Education by partnering on the U.S. Department of Agriculture Team Nutrition Grant Selection Committee to assist schools in improving their nutrition environment and policies.
- In partnership with Utah State Office of Education, Child Nutrition Programs, provide kits to secondary schools on how to change the nutrition environment in the school by providing healthy vending options.
- Provide elementary, junior high, and middle school teachers with 5 A Day newsletter two times during the school year.
- Work with State Office of Education and school districts to increase the number of schools that offer a School Breakfast Program.

Evaluation:

Evaluate the success of these strategies by using Utah Youth Risk Behavior Surveillance System (YRBSS) data. Record districts and schools that have put policies in place to improve the school nutrition environment. Record the number of schools and teachers reached with the 5 A Day newsletter, and track increase in number of schools with school breakfast programs.

Policy & Environment Impact Objective 3:

Increase the percentage of persons of lower socioeconomic status that report eating five servings of vegetables and fruits each day by 15% (baseline 18.6%).

Strategies:

- Assist Women, Infants, and Children (WIC) and Food Stamp Nutrition Education Program (FSNEP) in the development of curriculum for childhood obesity intervention that includes the encouragement of vegetable and fruit consumption. Materials and classes will be translated and changed to be culturally appropriate to target the 31% of clients who are Hispanic or Latino.
- Partner with WIC to add 5 A Day messages into new and

New Strategies to Prevent Cardiovascular Disease

- existing classes and provide ways to educate WIC staff on how to encourage their clients to eat 5 A Day in at least eight clinics.
- Provide culturally appropriate handouts and information for the Hispanic population.
- Add 5 A Day to WIC Food Cards that reach over 65,000 participants per year, 31% of whom are Hispanic.
- Partner with WIC to incorporate fruit and vegetable client satisfaction survey questions into existing WIC yearly survey, and add 5 A Day information to WIC website.
- Promote the establishment of a Farmer's Market fruit and vegetable voucher system for WIC clients by conducting research on other states that have successfully incorporated Farmer's Market vouchers into their WIC programs and applying for appropriate funding sources. This strategy is dependent on the national WIC Association.
- Partner with FSNEP to educate food stamp recipients about the importance of buying and eating fruits and vegetables.

Evaluation:

Use Utah Behavioral Risk Factor Surveillance System (BRFSS) data to evaluate the success of this strategy. Record the number reached through partnership with FSNEP, the number of clinics that incorporated 5 A Day message, the number of food cards given to participants, and the incorporation of 5 A Day questions into WIC survey. Additional evaluation criteria will include a completed application for funding of the WIC-Farmer's Market fruit and vegetable vouchers.

Capacity Goal:

Increase the capacity of partners and community members to assist in spreading the 5 A Day message.

Capacity Impact Objective 1:

Contact a minimum of 5% of health care providers each year and solicit their help in promoting increased fruit and vegetable consumption among Utahns.

Strategies:

- In partnership with the Utah Dairy Council, develop DASH (Dietary Approach to Stopping Hypertension) kits to provide to health care providers to assist them in prescribing a diet to patients that assists with blood pressure control. The DASH diet will put an emphasis on a diet with 5 to 9 servings of fruits and vegetables.

New Strategies to Prevent Cardiovascular Disease

- Contact managed health care clinics and provide them with 5 A Day pamphlets to distribute in clinic waiting rooms.

Evaluation:

Evaluate the number of DASH kits and handouts provided and used by health care providers and calculate the percentage of providers reached.

Capacity Impact Objective 2:

Increase the number of members of the 5 A Day Association of Utah by three each year and increase the amount of activity with current partners.

Strategies:

- Seek out new partnerships for 5 A Day to help us reach the Hispanic and high risk areas of the state. Ideas for new partners include:Huntsman Cancer Institute, Food Management Corp., Sodhexo Marriott, Aramark, University Food Services, hospitals, health insurance groups, Cancer Control Program, and Diabetes Program.
- Address training needs of current 5 A Day partners.
- Provide training to current and new 5 A Day partners.
- Involve current partners in strategic planning process. Provide association meeting minutes and other communication to all association members via email or standard post.
- Give incentive awards to partners who attend meetings and support activities.
- Create Distinguished 5 A Day Partner Award to be given annually.

Evaluation:

Record the number of new partners that join the 5 A Day Association of Utah and track meeting attendance and type of support provided by members for all activities.

BRFSS - Behavioral Risk Factor Surveillance System

FSNEP - Food Stamp Nutrition Education Program

USDA - United States Department of Agriculture

WIC - Women, Infants, and Children

YRBSS - Youth Risk Behavioral Surveillance System

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Appendix A - Alliance for Cardiovascular Health in Utah

More than 140 organizations participate as members of the Alliance for Cardiovascular Health in Utah (ACHU). They represent state, county, and local governments; private businesses; non-profit agencies and health care organizations, and include:

Local Boards of Education in Utah
Utah House of Representatives
Grocery Stores
Administrators and Staff from Education
Utah Media

Local/State Health Department Programs
City/County Planners
Managed Care Groups
State and Local PTAs
Voluntary and Non-Profit Organizations

The purpose of ACHU is to:

- *Identify members' own priorities, programs, services, and resources that promote cardiovascular health.*
- *Provide members with comprehensive information on available resources.*
- *Identify needs for priority populations, and develop and implement strategies to address those needs.*
- *Develop work plans based on results from inventories, assessments, and appropriate data and research.*
- *Coordinate efforts and implement programs based on policy and environmental strategies.*

The alliance consists of four workgroups: Community Physical Activity; School Nutrition and Physical Activity; Community Nutrition; and Secondary/Tertiary Prevention. Staffed by five content experts within the Utah Department of Health Heart Disease & Stroke Program, the workgroups have chairs representing the Utah State Office of Education, the American Heart Association, the Utah Department of Health, the American Cancer Society, and Weber/Morgan Health Department.

Overall Goals

Secondary/Tertiary Prevention

Increase the number of Utah adults who report knowing the signs and symptoms of heart attack and stroke, and would call 9-1-1 immediately upon onset of symptoms. Increase the proportion of managed care patients with controlled blood pressure.

Physical Activity

Increase the capacities within communities to provide policies and environments that will be conducive to increased walking and biking opportunities, to improve the health and well-being of each community member.

School Nutrition & Physical Activity

Improve the physical activity and eating patterns of Utah's students by working collaboratively to improve, develop, and/or implement policies and environments that support healthy choices in school communities.

Appendix A - Alliance for Cardiovascular Health in Utah

Community Nutrition

Increase the proportion of persons who consume at least three servings of vegetables from 22 to 35%, and increase the proportion of person consuming two servings of fruits from 35 to 50%. Increase the proportion of youth who consume five servings of vegetables and fruits from 26 to 40%.

Each of these workgroups have completed their initial task of identifying priority populations and developing a three year work plan outlining objectives and strategies to achieve their goal.

The four workgroup plans were used to develop *Uniting Partners for a Legacy of Health: Utah's Plan for Cardiovascular Health*.

The Alliance Workgroups have identified and integrated the following five core strategies into this plan:

Visibility - Enhance cardiovascular disease prevention and health promotion as a priority issue through advocacy.

Policy - Advocate principles and procedures to promote, influence, and determine decisions for healthier choices.

Environment - Influence the social and cultural settings in the community by providing access and support for healthier choices.

Capacity - Enhance the community's resources to affect and sustain policy and environmental changes.

Surveillance - Coordinate the information systems that assess, monitor, and evaluate the cardiovascular related risk factors.

The Alliance will ensure that efforts to reduce the burden of cardiovascular disease among health organizations, professionals, and other partners will be coordinated. These efforts will focus on creating policies and environments that support and promote healthy behaviors.

Appendix B - Alliance Partners

Physical Activity

American Heart Association
Centerville City
City of Draper
City of Orem
City of St. George
Clearfield City
Davis County Health Department
East Central Community Council
Envision Utah
KUTV Channel 2/Check Your Health
Klass Strategies
Marshall School of Arts
Mountainland Association of Governments
Murray City Public Services
National Park Service
National Parks and Recreation
Planning Commissioners
Provo City Police Department
Roy City
Sandy City
Sandy Parks & Recreation
Tooele County
Utah Department of Health
Utah Department of Transportation
Utah Governor's Growth Commission
Utah Transit Authority
Utah State Parks and Recreation
Weber Pathways
West Valley City

Community Nutrition

Ag in the Classroom
Albertsons
Alliant Foodservice
Alpine School District
American Cancer Society
American Heart Association
Associated Foods
Bear River Health Department
Chronic Disease Control
Dairy Council of Utah
Davis County Health Department
Del Monte Foods

Deseret News
Dole Fresh Foods
Florida Department of Citrus
Geiger & Associates
Healthy Utah
IHC Health Plans
Jamba Juice
JKH Associates
KKDS 1060 AM
Muir Copper Canyon Farms
Murray School District
Nicholas & Company
Nutritional Labeling
Pictsweet Mushrooms
Primary Children's Hospital
Reagan Outdoor
Regence Blue Cross Blue Shield
Salt Lake CAP Head Start
Salt Lake Tribune
Salt Lake Valley Health Department
Smith's Food and Drug
Southwest Utah Public Health Department
Summit County Health Department
Sunkist Growers
SYSCO
Thanksgiving Point
Tooele County Health Department
University of Utah Nutrition Clinic
Utah Department of Health
Utah State University Extension Office
Utah Beef Council
Utah County Health Department
Utah Department of Agriculture
Utah Dietetic Association
Utah Food Industry Association
Utah Restaurant Association
Utah State Office of Education
Utah State Fair
Utah State WIC Office
Wal-Mart
Weber-Morgan Health Department
Wild Oats

Appendix B - Alliance Partners

School Nutrition Physical Activity Secondary Prevention

Ag in the Classroom
American Heart Association
American Cancer Society
Bacchus Elementary School
Dairy Council of Utah
Davis County Health Department
Del Monte Foods
Granite School District
Grantsville High School
Horizon Elementary School
Jordan School District
Murray School District
Nibley Park Elementary
Northwest Middle School
Utah State Office of Education
Primary Children's Hospital
Regence Blue Cross Blue Shield
Salt Lake City School District
Salt Lake County Parks & Recreation
Salt Lake Valley Health Department
Salt Lake Olympic Organizing Committee
Smith's Food and Drug
State of Utah Office of Legislative Research & General Counsel
University of Utah Department of Exercise Science
University of Utah Museum of Natural History
University of Utah College of Nursing
Utah Beef Council
Utah Department of Health
Utah Department of Health Maternal and Child Health Program
Utah Local Association of Community Health Education Specialists
Utah Public Health Association
Utah Restaurant Association
Utah School Board Association
Utah School Food Service Association
Utah State Office of Education
Utah State University Extension Office
Utah School Nurses Association
Utah State House of Representatives
Wal-Mart

Altius Health Plans
Cigna Health Care of Utah
Deseret Mutual Benefit Association
Health Insight
IHC Health Plans
Molina Health Care of Utah
Public Employees Health Plan
Regence Blue Cross Blue Shield
United Health Care of Utah

Operation Stroke Committee

Abbott Critical Care Systems
AstraZeneca
Bayer
Boehringer Ingelheim Pharmaceuticals
Cottonwood Hospital
Genentech
Health Insight
HealthSouth
LDS Hospital
Merck & Co.
Salt Lake City Fire Department
Salt Lake Regional Hospital
Sanofi/BMS
State of Utah
University of Utah Hospital
Utah Department of Health
Utah Valley Regional Medical Center
Salt Lake City VA Medical Center
Wasatch Neurological Clinic
Western Neurological Associates, Inc.

Appendix C - Healthy People 2010 Objectives

Increase from 12 to 90% the proportion of adults age 65 or over who have participated during the preceding year in at least one organized health promotion activity.

Target:	90%
Utah Baseline 1998:	
Males:	33.3%
Females:	23.5%
Total:	26.8%

Reduce stroke deaths to 46.6 per 100,000 population.

Target:	20% improvement
Utah Baseline 1998:	58.2/100,000

Reduce to 16.0% the proportion of adults with high blood pressure from 21.3% of adults age 18 or over (1999) to 16 percent (in addition, at least 7 to 11% of Utahns have high blood pressure but are unaware, making the prevalence about 28 to 32%).

Utah Baseline 1999:	
Males:	22.3%
Females:	20.3%
Total:	21.3%

Increase the proportion of Utah adults who are at a healthy weight to 60% (BMI > 18.5 and <25).

Utah Baseline 1999:	
Males:	41.4%
Females:	56.8%
Total:	50.9%

Reduce the proportion of adults who are obese (BMI >30) to 15%.

Utah Baseline 1999:	
Males:	17.3%
Females:	16.2%
Total:	16.3%

Reduce the proportion of adults who engage in no leisure-time physical activity, age 18 or over, to 15%.

Utah Baseline 1999:	
Males:	16.2%
Females:	18.3%
Total:	17.3%

Appendix C - Healthy People 2010 Objectives

Increase from 20 to 40% the proportion of adolescents who engage in moderate physical activity for at least 30 minutes on five or more of the previous seven days in grades nine through 12.

Utah Baseline 1999:

Males:	33.0%
Females:	28.8%
Total:	31.4%

Increase the proportion of middle, junior high, and senior high schools that have policies and supportive environments to prevent health problems in the following areas: tobacco use, unhealthy dietary patterns, and inadequate physical activity.

Reduce to 5% the proportion of children and adolescents ages six to 19 who are overweight or obese.

Increase the proportion of persons age two or over who consume at least three daily servings of vegetables, with at least one-third being dark green or deep yellow vegetables.

Target: 50%

Baseline: Three percent of persons age two or over consumed at least three daily servings of vegetables, with at least one-third of these servings being dark green or deep yellow vegetables in 1994-1996 (age adjusted to the year 2000 standard population).

Increase the proportion of persons age two or over who consume at least two daily servings of fruit.

Target: 75%

Baseline: 28% of persons age two or over consumed at least two daily servings of fruit in 1994-1996 (age adjusted to the year 2000 standard population).